

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	GR		8-31-01
O.I.P.E. CLASSIFIER		12	9/13
FORMALITY REVIEW	FR	1618	10-07-01
RESPONSE FORMALITY REVIEW	M-D.	625	04-26-02

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	1/19/02
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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925  
04-26-02

126  
0-02-01